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CONFIRMATION NO. 8708

SERIAL NUMBER 10/717,736	FILING OR 371(c) DATE 11/20/2003 RULE	CLASS 702	GROUP ART UNIT 2863	ATTORNEY DOCKET NO. BO1 - 0019US
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APPLICANTS

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** CONTINUING DATA ***** *u*** FOREIGN APPLICATIONS ***** *u*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	Examiner's Signature <i>Ty</i> Initials <i>u</i>
STATE OR COUNTRY	IL
SHEETS DRAWING	4
TOTAL CLAIMS	23
INDEPENDENT CLAIMS	2

ADDRESS

60483 *S*

TITLE

Component health assessment for reconfigurable control

FILING FEE RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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